

MAR 27 2006

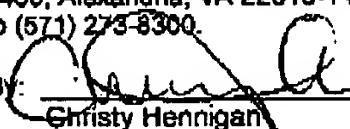

PAGE 2/31 * RCVD AT 3/27/2006 6:36:42 PM [Eastern Standard Time] * SVR:USPTO-EFAX-2/22 * DNIS:2738300 * CSID:4155388380 * DURATION (mm-ss):08-26

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al. Application No: 09/886,296 Confirmation No: 6348 Filed: 06/21/2001 Title: ENGINEERED PARTICLES AND METHODS OF USE	Group No: 1616 Examiner: Sharmila S. Gollamudi Attorney Docket No: 0054.10 Monday, March 27, 2006 San Francisco, CA 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed (571) 273-8300 <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Statement under 37 CFR 3.73(b) (form PTO/SB96) <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00 \$60.00
	<input type="checkbox"/> Two Months	\$450.00 \$225.00
	<input type="checkbox"/> Three Months	\$1,020.00 \$510.00
	Total \$ 120.00	
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	34	37	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	5	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$120.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$120.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070.	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below or via facsimile to (571) 273-8300. By:  Date: <u>March 27, 2006</u> Christy Hennigan		Respectfully Submitted, By:  Date: <u>March 27, 2006</u> Ashok K. Janah Registration No. 37,487	

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